# Assassination Records Review Board
# Final Determination Notification

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          AGENCY : HSCA
   RECORD NUMBER : 180-10070-10150
   RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :
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**December 8, 1995**

**Status of Document:** Postponed in Part

**Number of releases of previously postponed information:** 9

Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

**Number of Postponements:** 4

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Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

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**Board Review Completed:** 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

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AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10070-10150

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

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DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 01/01/77
PAGES : 9

SUBJECTS :
HSCA; ADMINISTRATION
RUDDEN, MIRIAN

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :
Box 3.

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[R] - ITEM IS RESTRICTED

RUDDER, M.
Name of Employee

Address

Address

Phone Number

Position Title

Position Number | Level | Step

# OFFICE OF THE CLERK
# U.S. HOUSE OF REPRESENTATIVES
# PERSONAL LEAVE RECORD

1977
YEAR

DATE OF APPOINTMENT 1-1-77

PRIOR FEDERAL SERVICE
Years ........ Months ........

ANNUAL LEAVE CATEGORY
1.0 ☐
1.5 ☐
2.0 ☐

BALANCE BROUGHT FORWARD FROM PRECEDING YEAR

| Annual Leave | Sick Leave |
|---|---|
| — | — |

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Accrued This Month Annual Leave | Accrued This Month Sick Leave | Available This Month Annual Leave | Available This Month Sick Leave | Used This Month Annual Leave | Used This Month Sick Leave | Balance at Close of Month Annual Leave | Balance at Close of Month Sick Leave | Employee Initials |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | 1 | 1 | |
| Feb. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | 2 | 2 | |
| Mar. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | 3 | 3 | |
| Apr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | 4 | 4 | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S | 1 | 1 | 5 | 5 | | 1 | 5 | 4 | |
| June | | | S | | | | | | | | | | | | | | | | | | | | | | | | S | S | | | | 1 | 1 | 6 | 5 | | 3 | 6 | 2 | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | 7 | 3 | |
| Aug. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | 1 | | | | | 8 | 4 | |
| Sept. | X | X | | | | X | X | X | X | | | X | X | A | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | A | | | | | | | | — | | |
| Oct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov. | | | | | | | | | | | | | Terminated 9/30/77 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

☐ = 0.5 day annual leave
☒ = 1.0 day annual leave
S = 0.5 day sick leave
S or S/S = 1.0 day sick leave
A = 0.5 day administrative leave
A or A/A = 1.0 day administrative leave
U = 0.5 day unauthorized absence
U or U/U = 1.0 day unauthorized absence
= 0.5 day leave without pay
= 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature (If employee refuses to sign, state reason below.) | Date | Chief's Signature | Date

Approved: Clerk of the House | Date

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter or Ballpoint Pen)

**U.S. HOUSE OF REPRESENTATIVES**
**Washington, D.C. 20515**

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last) | Effective Date |
|---|---|
| Miriam Rudder | September 30, 1977 |
| **Employee Social Security Number** | **Type of Action** |
| 578 80 2773 | ☐ Appointment<br>☐ Salary Adjustment<br>☒ Termination (At close of business on effective date) |
| **Employing Office or Committee** | |
| Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|---|---|
| Mail/Document Clerk | $9,500 |

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date September 27, 1977 [signature]
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

eb

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

**Copy for Initiating Office or Committee**

<u>M E M O R A N D U M</u>

September 20, 1977

O:F N.C.M

TO: Tom Howarth

FROM: Donovan L. Gay D

RE: Miriam Rudder

Please be advised that pursuant to Chairman Stokes' instructions, Ms. Miriam Rudder will be on the payroll of the Select Committee on Assassinations through the last payday for September, 1977.

Should there be any questions, please feel free to ask.

Thank you.

mcp

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter or Ballpoint Pen)

**U.S. HOUSE OF REPRESENTATIVES**
**Washington, D.C. 20515**

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last) | Effective Date |
|---|---|
| Miriam Rudder | 8/1/77 |
| **Employee Social Security Number** | **Type of Action** |
| 578-80-2773 | ☐ Appointment<br>☒ Salary Adjustment<br>☐ Termination (At close of business on effective date) |
| **Employing Office or Committee** | |
| Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|---|---|
| Mail/Document Clerk | 9,500 |

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 2, 19 77

[signature]
(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

CHAIRMAN
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:____________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $________.00

**Copy for Initiating Office or Committee**

# PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

**U.S. HOUSE OF REPRESENTATIVES**
Washington, D.C. 20515

**(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)**

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last) | Effective Date |
|---|---|
| Miriam Rudder | 1/3/77 |
| **Employee Social Security Number** | **Type of Action** |
| 578 80 2773 | [X] Appointment<br>☐ Salary Adjustment<br>☐ Termination (At close of business on effective date) |
| **Employing Office or Committee** | |
| Select Committee on Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|---|---|
| Mail/Document Clerk | $7,500.00 |

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. [X] Special or Select Committee: Authority—H. Res. 222 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number_______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date__________________________________, 19_____

______________________________
(Signature of Authorizing Official)

Henry B. Gonzalez
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

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All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code___________

Monthly Annuity $__________.00



Copy for Initiating Office or Committee

**PAYROLL AUTHORIZATION FORM**

(Please Use Typewriter or Ballpoint Pen)

**U.S. HOUSE OF REPRESENTATIVES**
**Washington, D.C. 20515**

**(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)**

**To the Clerk of the House of Representatives:**

I hereby authorize the following payroll action:

| Employee Name (First-Middle-Last) | Effective Date |
|---|---|
| Miriam Rudder | 1/1/77 |
| **Employee Social Security Number** | **Type of Action** |
| 57_ 60 2773 | [X] Appointment<br>☐ Salary Adjustment<br>☐ Termination (At close of business on effective date) |
| **Employing Office or Committee** | |
| Select Committee on Assassinations | |

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

| Position Title | Gross Annual Salary |
|---|---|
| Clerk | $7,500 |

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. [X] Special or Select Committee: Authority—H. Res. 1540 of 94th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date December 30, 1976

________________________
(Signature of Authorizing Official)

Thomas N. Downing, Chairman
(Type or print name of Authorizing Official)

Select Committee on Assassinations
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

**Copy for Initiating Office or Committee**

M E M O R A N D U M

TO: All Staff Employees

FROM: Budget Officer

DATE: January 3, 1977

RE: Payroll Certification

Starting with the January, 1977 payroll, the certification to the House Finance Office requires, among other things, the relationship, if any, of each staff employee to any current Member of Congress (those taking office January 3, 1977).

The following are the relationships to be included in the certification:

| | | |
|---|---|---|
| father | nephew | brother-in-law |
| mother | niece | sister-in-law |
| son | husband | stepfather |
| daughter | wife | stepmother |
| brother | father-in-law | stepbrother |
| sister | mother-in-law | stepsister |
| uncle | son-in-law | half-brother |
| aunt | daughter-in-law | half-sister |
| first cousin | | |

All staff employees are requested to complete this form and return it to the Budget officer.

Approved
Richard A. Sprague

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I am not related ✓

I am related by the following relationship ____________

Miriam Rudder
Signature of Employee

1/24/77
Date

378 80 2773

$ 1500

Dick:

While the attached resume of Ms. Miriam Rudder does not reflect experience related to office duties, I know her well and certainly trust her. Therefore, I strongly recommend that she be hired for me to train as a mail clerk working along with Patricia Price. Again, as I indicated above, the most important thing to me in this instance is that I have the utmost trust in Miriam.

Your consideration in this matter is greatly appreciated.

DONOVAN

D

Limited technical skills.
Must go to school on Tuesday and Thursday nights from 8-10 P.M.
No security problems —
No FBI, CIA or Sec Service.
Could start tomorrow
Would like to make no less than $8,000
Very pleasant — conscientious.

Recommend,
A

# RESUME

Miriam Rudder
4927 Fitch Place, N.E.
Washington, D.C. 20019
559-3716 or 699-5653
8/356 date of birth
Single

## EDUCATION

Western High School, 1974

Prince Georges Community College
BA, 1978

## OTHER EXPERIENCE

Water Safety Instructor
First Aid Instructor

## CLERICAL

Typing 50wpm

## JOB EXPERIENCE

Capitol East Natorium, present, Water Safety Instructor. Responsibilities include safety and health of patrons. Instruct classes of all age groups and levels. Perform instructions of special classes.

Riggs-LaSalle Swimming Pool 5/76 - 9/76
(summer employment)

Howard University 6/76- 8/76 Water Safety Instructor- Supervisor, teaching and working with inner-city and under priviledged children.